

Question 2 Feedback

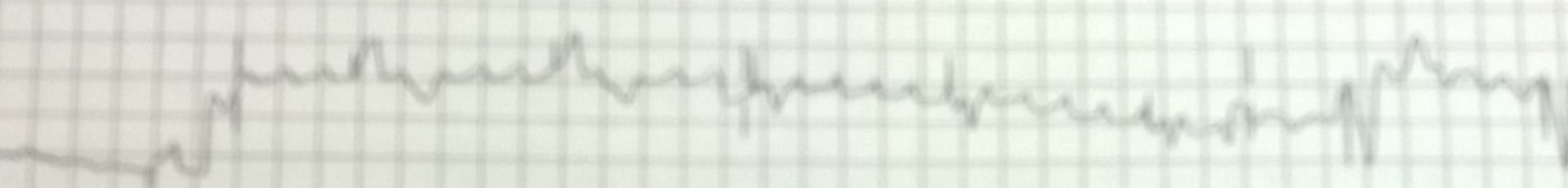
Graeme Thomson

Stem

- A 70 years old man has been brought to the ED with marked dyspnoea.
- Start thinking of general causes of dyspnoea in an adult

ECG

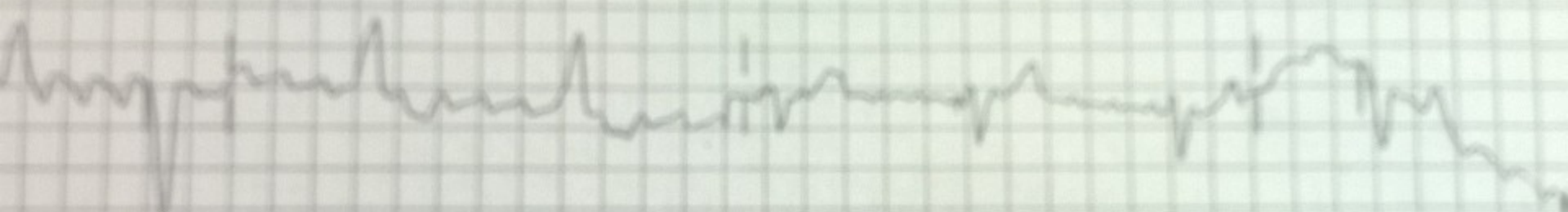
- State 4 abnormalities



I

V2

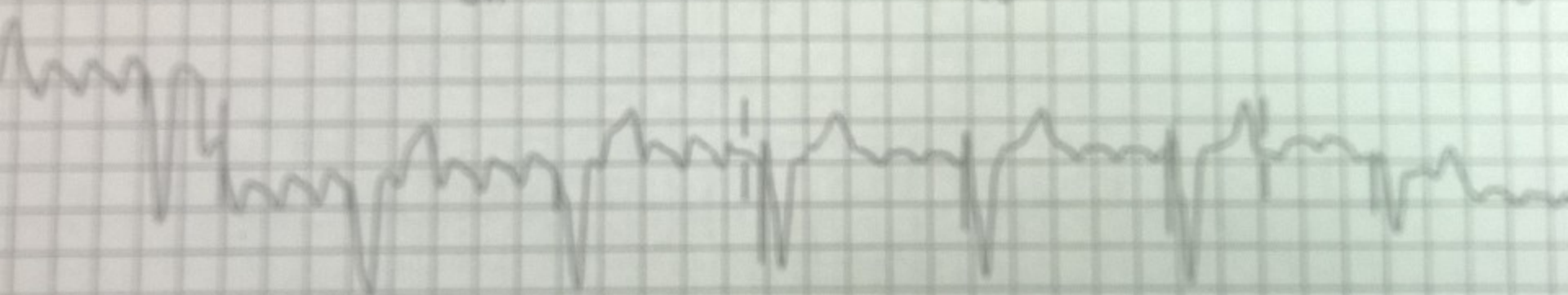
V5



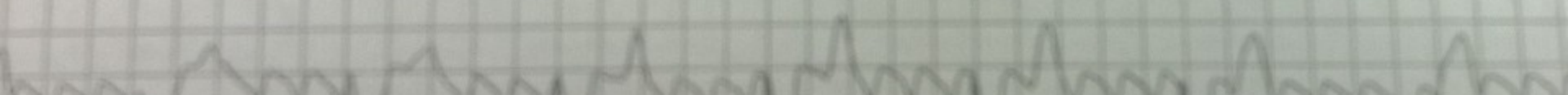
aVF

V3

V6



HM STR/P₂ 11
m/sec | cm/mV



Abnormalities

- Ventricular paced rhythm with rate around 65 bpm
- Atrial flutter with rate of 300 bpm
- AV dissociation

- Others including
 - LAD
 - Peaked T waves
 - Broad ventricular complexes

Errors

- Missed paced rhythm = zero score
- Degree of AV block
 - 3:1, 4:1 etc
 - Usually calculate ratio of Atrial rate to Ventricular rate
 - In this case, with a paced rhythm none of this applies
- Axis
 - Right rather than Left

Provide unifying diagnosis

- Ventricular paced rhythm with atrial flutter and AV dissociation
= patient in chronic atrial flutter with AV node ablation and ventricular pacing.

Errors

- Pacemaker malfunction including failure to sense
- Pacemaker not controlling atrial flutter
- MI, hyperkalaemia, PE etc

3 Medications considered

- Not antiarrhythmics
- Drugs for dyspnoea
 - Diuretics, inotropes, bronchodilators, antibiotics etc

2 Procedures to improve dyspnoea

- NIV
- Pacemaker rate increase
- Others
 - Drainage of pericardial effusion
 - Fluid loading
 - PCI

Non-scoring answers

- Cardioversion
- Oxygen
- Sitting up
- Activate Cath Lab
- Magnet over pacemaker

Factors that determine if warfarin activity should be reversed

- Indication for warfarin
- Level of INR
- Active bleeding
- Organ failure
- Planned invasive procedures
- Falls risk
- Other reason for high risk of bleeding

Modification to defibrillation in a patient with a pacemaker

- Don't place the pads/paddles over the pacemaker

Results – Set Pass Score = 10

- Pass (10-12) = 8
- Borderline (7-10) = 18
- Fail (2-6) = 12

- Median score = 7.5

Message

- Learn about pacemakers
- Paced ECGs
- Functions, problems
- Learn about ICDs as well